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B22C (Offi	cial Form 22	C) (Chapter	13)	(12/10)	į
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In re Lena G	andy	According to the calculations required by this statement:
	Debtor(s)	■The applicable commitment period is 3 years.
Case Number:		☐The applicable commitment period is 5 years.
	(If known)	□Disposable income is determined under § 1325(b)(3)

(3).**■**Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	CO	ME			
1	a. ■ U b. □ N	tal/filing status. Check the box that applies a Unmarried. Complete only Column A ("Debtarried. Complete both Column A ("Debtarried. Complete both Column A ("Debtarried. Complete both Column A ("Debtarried.")	tor's 's I	s Income") for Lincome") and Colu	nes ımn	2-10. B ("Spouse's Incor	ne'') fo	or Lines 2-10.	C.L. P.
	calen the fi	dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied bonth total by six, and enter the result on the a	, en dur	ding on the last day	y of	the month before		Column A Debtor's Income	Column B Spouse's Income
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	1,239.14	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					,			
	a.	Gross receipts	\$	Debtor 0.00	\$	Spouse			
	b.	Ordinary and necessary business expenses	\$	0.00					
	c.	Business income	Su	btract Line b from		e a	\$	0.00	\$
4	the ap	s and other real property income. Subtract appropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line but Gross receipts	a nu	mber less than zero	o. I	Do not include any]		
	b.	Ordinary and necessary operating expenses	\$	0.00			1		
	c.	Rent and other real property income	Sι	btract Line b from	Liı	ne a	\$	0.00	\$
5	Inter	est, dividends, and royalties.					\$	0.00	\$
6	Pensi	ion and retirement income.					\$	0.00	\$
7	exper purp debto	amounts paid by another person or entity, on the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be rein Column A, do not report that payment in Column A.	t s, ir tena epor	ncluding child sup ance payments or a ted in only one col	por moi	t paid for that unts paid by the	\$	0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
		mployment compensation claimed to benefit under the Social Security Act Debtor	Ф	0.00 Sp				0.00	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	Debtor Spouse	.00	\$			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). \$\\$\\$ 1,239\$.14	\$			
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		1,239.14			
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD					
12	Enter the amount from Line 11	\$	1,239.14			
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.		0.00			
14	Subtract Line 13 from Line 12 and enter the result.	\$	1,239.14			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		14,869.68			
	a. Enter debtor's state of residence: MS b. Enter debtor's household size: 2	\$	42,914.00			
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment properties of page 1 of this statement and continue with this statement. □The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement. 		-			
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME	1				
18	Enter the amount from Line 11.	\$	1,239.14			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.					
	c. \$					
	Total and enter on Line 19.	\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	1,239.14			
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	14,869.68			

22	Applic	able median family incon	e. Enter the amount from	m Lin	e 16.		\$	42,914.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							
23	23 The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determine 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.							er §
						r "Disposable income is not ment. Do not complete Par		
		Part IV. C	ALCULATION ()F I	DEDUCTIONS FR	ROM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Rev	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ns under 65 years of age		Pers	ons 65 years of age or ol	lder		
	a1.	Allowance per person		a2.				
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/rent expense \$							
		Average Monthly Payment home, if any, as stated in L		y you	\$			
		Net mortgage/rental expen			Subtract Line b	from Line a.	\$	
26	25B do Standa	Standards: housing and uppers not accurately computerds, enter any additional artion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities	\$	

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.	expenses of operating a vehicle and				
27A	included as a contribution to your household expenses in Line 7. \square 0					
	If you checked 0, enter on Line 27A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$			

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$				
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$				
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$					
	Total and enter on Line 39	\$				
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$				

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for De	ht I	Povmont			
	1		-				1	
47	own, check sched case,	list the name of creditor, ident whether the payment include fulled as contractually due to ea	ns. For each of your debts that is secure ify the property securing the debt, state is taxes or insurance. The Average Month ach Secured Creditor in the 60 months for stadditional entries on a separate page.	the A hly P ollow	verage Monthly ayment is the to ring the filing of	Payment, and tal of all amounts the bankruptcy		
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		
	a.			\$	-4-1. A JJT :	☐ges ☐go	\$	
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
		Name of Creditor	Property Securing the Debt			he Cure Amount		
	a.				\$	Total: Add Lines	\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as							
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b							
51	Total	Deductions for Debt Payme	nt. Enter the total of Lines 47 through 5	50.			\$	
			Subpart D: Total Deductions f	ron	1 Income			
52	Total	of all deductions from incom	ne. Enter the total of Lines 38, 46, and 5	51.			\$	
		Part V. DETERM	INATION OF DISPOSABLE	INC	OME UNDI	ER § 1325(b)(2))	
53	Total current monthly income. Enter the amount from Line 20.						\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
55	wages		Enter the monthly total of (a) all amoun retirement plans, as specified in § 541(bified in § 362(b)(19).				\$	
56	Total	of all deductions allowed un	der § 707(b)(2). Enter the amount from	n Lin	e 52.		\$	
							1	

	Deduction for special circumstances. If there are special circumst there is no reasonable alternative, describe the special circumst If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expending the special circumstances that make such expense necessary.	ances and the resulting expenses in lines a-c below expenses and enter the total in Line 57. You must nses and you must provide a detailed explanation	t
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. Add the result.	amounts on Lines 54, 55, 56, and 57 and enter the	\$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract L	ine 58 from Line 53 and enter the result.	\$
	Part VI ADDITIONA	AL EXPENSE CLAIMS	<u> </u>
	Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an additional sources on a see each item. Total the expenses.	tional deduction from your current monthly income	under §
60	Expense Description	Monthly Amour	ıt
	a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
	Total: Add Line	s a, b, c and d \$	
	Part VII. VE	CRIFICATION	
61	I declare under penalty of perjury that the information provided must sign.) Date: October 23, 2012	Signature: /s/ Lena Gandy Lena Gandy	oint case, both debtors
		(Debtor)	